## Translation of Colorectal Cancer Screening Guidelines to Practice - An Intervention

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**Objectives:** The long-term objective of this project is to reduce colorectal cancer (CRC) morbidity and mortality by improving adherence to best practice early detection procedures. The immediate objective is to implement and evaluate a system change intervention designed to facilitate complete diagnostic evaluation (CDE) of patients with positive fecal occult blood test (FOBT) results.

**Primary Aims**

1. To implement a colorectal cancer screening event notification system intervention (CRC-ENS) to improve complete evaluation of patients with a positive FOBT at four selected VA Medical Centers.
2. To conduct formative evaluation to identify implementation barriers and facilitators and to guide modifications of the CRC-ENS.
3. To conduct an outcome evaluation to determine the effectiveness of the intervention to:
    - increase the proportion of patients with a positive FOBT receiving CDE.
    - reduce the time-lag between notification of a positive FOBT result and scheduling of a follow-up endoscopic procedure.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. Results from randomized clinical trials and intervention studies have suggested that implementation of a CRC screening program for men and women over 50 years of age results in reduced CRC mortality. However, for this reduction in mortality to be fully realized, it is imperative that all positive screening tests are followed by complete diagnostic evaluation (CDE). Numerous intervention programs have been used to improve initial CRC screening rates. However, data indicate that outside of the research setting, less than half of patients with a positive FOBT screening result undergo CDE. To enhance the translation of this *best practice recommendation* to clinical practice, we propose to implement an electronic event notification intervention (CRC-ENS) directed at making physician and system level changes to increase the proportion of patients with an abnormal FOBT that undergo CDE.

The CRC-ENS intervention employs a relatively simple alteration to the current electronic mechanism for notifying the primary care clinician of when a positive FOBT is recorded. With the CRC-ENS, this notification will be forwarded to the gastroenterology (GI) clinic as well as the primary care provider (PCP). This notification at the GI clinic will set off a cascade of events that would normally only be triggered by a consult request from the PCP. In this translation study, eight participating VHA sites will be randomly assigned to either the CRC-ENS intervention or comparison group. The proposed project will take two years to complete. During the first three months project start-up activities, including recruitment and randomization of sites will be conducted. During months three to six pre-intervention change of awareness strategies will be carried out at all intervention sites. The CRC-ENS intervention will be implemented in months six to 18 and formative evaluation, including three sets of focus groups will be carried out throughout the intervention period. Post-intervention data collection, outcome evaluation and dissemination of results will be carried out in months 18-24.